

ADMINISTRATIVE RULES SUMMARY

TO: Medical Care Advisory Committee
FROM: Medicaid Policy
DATE: November 21, 2016
RE: He-W 520.04 General Program Information and Provider Requirements – Surveillance and Utilization Review and Control

1. Status:

- Rule emailed to MCAC on November 28, 2016.
- **Rule requested to be on consent. MCAC deadline to request a DHHS presentation is December 5.**

2. Target Dates:

- **Rule presented to MCAC (if requested):** December 12, 2016
- **JLCAR:** February 17, 2017

3. Rule Summary:

- **Reason for rulemaking (e.g., expiration, statutory change, policy change).**

This rule section is due to expire on January 17, 2017.

- **General overview of the rules.**

He-W 520 describes general program information and requirements on providers. He-W 520.04 describes the surveillance and utilization review and control activities conducted by the Department.

- **Description of the specific changes being proposed to the rule.**

No changes to Department policy are being proposed to the rule

- **Description of who is affected generally by the rule; and who is impacted by the specific changes (e.g., Medicaid beneficiaries and/or providers).**

This rule affects all Medicaid providers.

- **Description of any specific eligibility changes.**

No changes to eligibility.

- **Description of any fiscal impact to recipients, providers, or the State of New Hampshire.**

There is no fiscal impact.

4. Issues of Concern: None.

5. Department Contacts:

- Diane Peterson, Medicaid Policy, 271-4367, diane.peterson@dhhs.nh.gov
- Tashia Blanchard, Administrator, Office of Improvement and Integrity, 271-8763, tashia.blanchard@dhhs.nh.gov
- Michael Holt, Rules Coordinator, Administrative Rules Unit, 271-9234, michael.holt@dhhs.nh.gov

Please send all comments (including specific language changes) to: diane.peterson@dhhs.nh.gov

Readopt with amendment He-W 520.04, effective 1/17/09 (Document #9365), cited and to read as follows:

CHAPTER He-W 500 MEDICAL ASSISTANCE

PART He-W 520 GENERAL PROGRAM INFORMATION

He-W 520.04 Surveillance and Utilization Review and Control.

(a) The purpose of a surveillance and utilization review and control program is for the department to:

- (1) Assess the quality of the care, services, and supplies received by recipients and for which a ~~Title XIX~~ medicaid program has reimbursed providers;
- (2) Detect, correct, and prevent occurrences of unnecessary or inappropriate medical care, service, or supply usage by recipients, or provision by providers, for which a ~~Title XIX~~ medicaid program has reimbursed providers; and
- (3) Ensure that accurate and proper reimbursement has been made for the care, services, or supplies provided.

(b) The department shall be responsible for surveillance and utilization review and control activities by:

- (1) Performing the utilization reviews directly, or contracting with professional organizations for the performance of reviews; and
- (2) Monitoring the results of reviews to ensure appropriate corrective action has been taken.

(c) Reviews described in (b)(1) and (2) above shall include:

- (1) Reviewing recipient utilization and provider service profiles generated quarterly by the MMIS in accordance with 42 CFR 456.23;
- (2) Reviewing provider claims selected randomly;
- (3) Reviewing claims for all or selected services for a given period of time;
- (4) Application of the Centers for Medicare and Medicaid Services' National Correct Coding Initiative (CMS NCCI) to review claims processed by the fiscal agent to ensure:
 - a. That the provider has coded claims properly; and
 - b. That the claims processing system has made proper payment through application of edits based upon the CMS NCCI;
- (5) An on-site review of hospital, office, or other provider records to establish the accuracy of claims data and to ensure other documentation supports the claim for services rendered;

(6) Contacting recipients to verify that services or supplies claimed for reimbursement by providers were actually rendered;

(7) Contacting providers in order to recover overpayments or correct underpayments; and

(8) Referring cases of potential fraud for further investigation and possible criminal action, pursuant to 42 CFR 455.15.

APPENDIX B

RULE	STATE OR FEDERAL STATUTE THE RULE IMPLEMENTS
He-W 520.04	42 CFR 455; 42 CFR 456